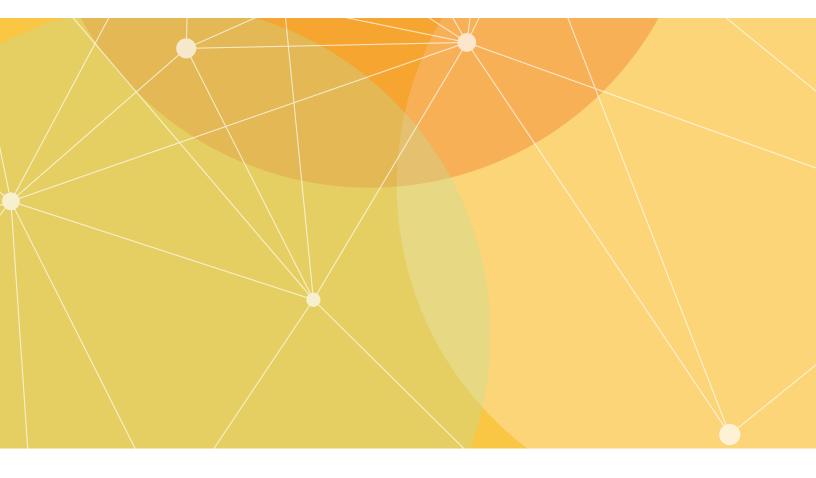


LEARN TO CODE Optical Dispensing



American Academy of Ophthalmic Executives®



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OPTICAL DISPENSING

INTRODUCTION

Challenges in coding are not limited to Evaluation and Management (E/M) documentation requirements, testing services or surgical coding. With the increasing number of ophthalmologists establishing optical dispensaries, knowledge of another range of codes and compliance is necessary.

HCPCS (pronounced "hick-picks") is the acronym for the Healthcare Common Procedure Coding System. The system provides a uniform method for health care providers to report professional services, procedures and supplies.

"V" codes in the HCPCS system are used to bill for frames and lenses. As coverage varies slightly by state, you should contact your Durable Medical Equipment Regional Carrier (DMERC) for your area's specifications.

DME Regions

Contracts were awarded to two Medicare Administrative Contractors (MACs) that break into four jurisdictions.

CGS Administrators:

- Jurisdiction B: Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio and Wisconsin
- Jurisdiction C: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, U.S. Virgin Islands, Virginia and West Virginia

Noridian Healthcare Solutions:

- Jurisdiction A: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont
- Jurisdiction D: Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Northern Mariana Islands, Oregon, South Dakota, Utah, Washington and Wyoming

For up-to-date information, visit www.cms.gov/ center/dme.asp

Medicare-Enrollment Requirements for Physician-Owned Optical Dispensary

Effective March 25, 2011, ophthalmologists and optometrists who supply Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DME-POS), as well as postcataract optical services and who are newly enrolling or revalidating (every three years), are subject to a \$500 enrollment fee. If you are currently enrolled in Medicare and the Provider Enrollment, Chain, and Ownership System (PECOS) and do not have to revalidate as a DME-POS supplier, you will not see an immediate impact.

While the Centers for Medicare & Medicaid Services (CMS) place most physicians at the *lowest* level of risk, the agency puts all current or revalidating physicians who supply DMEPOS as part of their services (eg, physicians who provide) in the *moderate* level of risk. Newly enrolling DMEPOS suppliers will be placed in the *highest* level of risk, which includes fingerprinting, regardless of whether the supplier is a physician, or not.

What This Means

Low-risk providers (most physicians) are now subject to:

- Verification of any physician/supplier-specific requirements established by Medicare
- License verifications (may include licensure checks across states)
- Database checks to verify:
 - Social Security Number (SSN)
 - National Provider Identifier (NPI)
 - National Practitioner Databank (NPDB) information
 - Office of the Inspector General (OIG) exclusion
 - Taxpayer Identification Number (TIN)
 - Other information, such as recent deaths and other practice changes

Moderate-risk providers, (includes DMEPOS suppliers), are subject to the above, plus:

- Unscheduled or unannounced site visits
- \$500 enrollment, adjusted annually based on the consumer price index

High-risk providers are subject to items listed above, plus:

• Fingerprint-based criminal-history record check of law enforcement repositories

CMS released a MLN Matters SE1417 stating that high-risk providers are those newly enrolled in DME. Other reasons for being listed as high-risk include:

- An imposed payment suspension within the last 10 years
- Exclusion from Medicare by the OIG
- Billing privileges were revoked by CMS within the previous 10 years
- Exclusion from any Federal Health Care program
- Subjected to any final adverse action, in the previous 10 years
- Termination or otherwise precluded from billing Medicaid

Practices must be enrolled in DME in order for a patient to use their postcataract benefit. If a patient purchases the glasses from a practice that is not enrolled, they will not be able to submit for reimbursement on their own. The application form, CMS 855S, can be found at www.cms.gov/Medicare /Provider-Enrollment-and-Certification/MedicareP roviderSupEnroll/EnrollmentApplications.html. You can also enroll or revalidate with PECOS.

For any practice that fills a glasses prescription for a patient outside their practice, you must have a Surety Bond.

Advance Beneficiary Notice

The current version of the ABN has Exp. 03/2020 printed in the lower left-hand corner. All ABNs with the release date of 03/2011 that are issued on or after June 21,2017 will be considered invalid.

Key features of the ABN:

- It should only be used for Medicare Part B beneficiaries.
- It should be used for every beneficiary who is purchasing glasses or contact lenses, and all fields must be completed. Incomplete ABN will likely result in an overpayment request during an audit.
- It should be used when a patient has selected to purchase noncovered items. Most DMERC carriers list the HCPCS codes that are defined as noncovered in the Local Coverage Determination (LCD) policy regarding DMEPOS.

• It should be used if the practice suspects that they may have an issue getting paid for services rendered to Medicare Part B beneficiaries due to diagnosis and/or frequency of the service performed.

There are three options for the patient to choose:

Option 1. I want the services as outlined. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less copays or deductibles.

Note:

If a beneficiary is required to have an official decision from Medicare in order to file with the secondary policy they should select Option 1. When reviewing the ABN with the patient you are responsible for doing everything you can to clearly explain the transaction that is occurring.

Option 2. I want the services as outlined, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

Note:

This option allows a patient to receive item(s)/ service(s) and pay for them out-of-pocket instead of having a claim submitted to Medicare.

Option 3. I don't want the services as outlined. I understand with the choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

The form has a mandatory field for:

- The optical shop name, address and phone number(s)
- the description of the service(s) provided
- reason(s) Medicare may not pay
- cost estimates of the items/services to be performed
- · selection of provided option
- beneficiary signature and date

Medicare instructs physicians not to use general statements on the ABN. A statement, such as "Medicare may not pay," is too general and does not provide enough information to allow the beneficiary to make an informed decision about whether or not to proceed with the service.

Example of statement that is acceptable:

• Medicare Part B usually does not pay for this service.

The ABN is a Medicare approved form and cannot be altered, however there are specific fields of the ABN that can be customized ahead of time to

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

<u>NOTE:</u> If Medicare doesn't pay for **D**. ______below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D**. ______below.

E. Reason Medicare May Not Pay:	F. Estimated Cost
	E. Reason Medicare May Not Pay:

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D.______listed above.
 Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the D.______ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
 OPTION 2. I want the D.______ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
 OPTION 3. I don't want the D.______ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048).

Signing below means that you have received and underst	and this notice. You also receive a copy.
I. Signature:	J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: <u>AltFormatRequest@cms.hhs.gov</u>.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 03/2020)

Form Approved OMB No. 0938-0566

Figure 1 Sample ABN (English)

	Α.	Notificante:
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B. Nombre del paciente: C. Número de identificación:

Notificación previa de NO-cobertura al beneficiario (ABN) NOTA: Si Medicare no paga D._____a continuación, usted deberá pagar.

Medicare no paga todo, incluso ciertos servicios que, según usted o su médico, estánjustificados. Prevemos que Medicare no pagará **D.** a continuación.

D.	E. Razón por la que no está cubierto por Medicare:	F. Costo estimado

Lo que usted necesita hacer ahora:

- Lea la presente notificación, de manera que pueda tomar una decisión fundamentada sobre la atención que recibe.
- Háganos toda pregunta que pueda tener después de que termine de leer.
- Escoja una opción a continuación sobre si desea recibir D._____mencionado anteriormente.

Nota: Si escoge la opción 1 ó 2, podemos ayudarlo a usar cualquier otro seguro que tal vez tenga, pero Medicare no puede exigirnos que lo hagamos.

G. OPCIONES: Sírvase marcar un recuadro solamente. No podemos escoger un recuadro por usted.

□ OPCIÓN 1. Quiero D.______mencionado anteriormente. Puede cobrarme ahora, pero también deseo que se cobre a Medicare a fin de que se expida una decisión oficial sobre el pago, la cual se me enviará en el Resumen de Medicare (MSN). Entiendo que si Medicare no paga, soy responsable por el pago, pero **puedo apelar a Medicare** según las instrucciones en el MSN. Si Medicare paga, se me reembolsarán los pagos que he realizado, menos los copagos o deducibles.

OPCIÓN 2. Quiero D. ______mencionado anteriormente, pero que no se cobre a Medicare. Puede solicitar que se le pague ahora dado que soy responsable por el pago. No tengo derecho a apelar si no se le cobra a Medicare.

□ OPCIÓN 3. No quiero D._____mencionado anteriormente. Entiendo que con esta opción no soy responsable por el pago y no puedo apelar para determinar si pagaría Medicare.

H. Información adicional:

En esta notificación se da a conocer nuestra opinión, no la de Medicare. Si tiene otras preguntas sobre la presente notificación o el cobro a Medicare, llame al **1-800-MEDICARE** (1-800-633-4227/**TTY**: 1-877-486-2048).

Al firmar abajo usted indica que ha recibido y comprende la presente notificación. También se le entrega una copia.

I. Firma:	J. Fecha:

CMS no discrimina en sus programas y actividades. Para solicitar esta publicación en un formato alternativo, por favor llame al: 1-800-MEDICARE o escriba al correo electrónico: <u>AltFormatRequest@cms.hhs.gov</u>.

De conformidad con la Ley de reducción de los trámites burocráticos de 1995, nadie estará obligado a responder en todo pedido para recabar información a menos que se identifique con un número de control OMB válido. El número de control OMB válido para esta recolección de información es 0938-0566. El tiempo necesario para completar esta solicitud de información se calcula, en promedio, 7 minutos por respuesta, incluido el tiempo para revisar las instrucciones, buscar en fuentes de datos existentes, recabar los datos necesarios y llenar y revisar los datos recogidos. Si tiene comentarios sobre la precisión del cálculo del tiempo superncias para mejorar el presente formulario, sírvase escribir a: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Formulario CMS-R-131 (Exp. 03/2020)

Formulario aprobado OMB Nº 0938-0566

Figure 2 Sample ABN (Spanish)

accommodate for practice protocol and flow. The form is currently available in English and Spanish. Physicians/staff should document any translation assistance provided in the "Additional Information" section of the ABN.

Modifier -GA is still required on any claim submitted notifying Medicare Part B that the optical dispensary has an ABN on file and should be billed with the appropriate eye modifier.

It is required to review the ABN with the beneficiary in its entirety prior to the beneficiary signing the ABN.

All questions and concerns should be addressed prior to the signing of the ABN.

The ABN must be presented to the beneficiary far enough in advance to allow the beneficiary to make an informed decision and to consider all of the choices presented to them.

The patient name must appear listed on the ABN exactly as it appears on the patient's insurance card, including any middle initials.

The identification number of the patient may never be the Medicare numbers (HICNs) or SSN. Use your internal patient tracking number in this field.

The estimated cost should be listed as a general estimate that would typically be within 25 percent or \$100 of the actual cost. Over-estimates are not concerning because the patient ultimately benefits from paying less than expected.

The ABN can be found at aao.org/abn.

MEDICARE COVERAGE FOR EYEGLASSES FOLLOWING CATARACT SURGERY

Pseudophakic Patients

Medicare Part B will pay for one complete pair of eyeglasses per eye surgery, unless cataract surgery is performed on both eyes at the same time (rarely done). In this case, Medicare Part B will pay for only one pair of eyeglasses. There is no time limit for the patient to use this benefit.

If a patient has a cataract extraction with intraocular lens (IOL) insertion in one eye, followed by a subsequent cataract extraction with IOL insertion in the other eye, and did not receive eyeglasses or contact lenses between the two surgical procedures, Medicare Part B will only cover one pair of eyeglasses or contact lenses after the second surgery. It would not be expected to see an order for glasses after the first eye knowing the second eye is already planned.

If the patient has a pair of eyeglasses, undergoes a cataract extraction with IOL insertion, and receives only new lenses but not new frames after the surgery, the benefit would not cover new frames at a later date (unless it follows subsequent cataract extraction in the other eye). If the patient has cataract surgery on the right eye on June 1, they are eligible for one pair of eyeglasses. If the cataract in the left eye is removed on August 2, and the patient already filed for a pair of glasses after first surgery, the patient is eligible for another complete pair of eyeglasses.

The date of service is the date the glasses are ordered. Included on the claim form in box 19 is the date of surgery.

Medicare Part B will not pay for remakes or refinements of lenses owing to changes after surgery.

Tints (V2744), anti-reflective coating (V2750), or oversize lenses (V2780) are covered only when they are medically necessary for the individual patient and when the medical necessity is documented by the treating physician.

These items should be appended by modifier -KX and submitted on a separate claim.

Note:

If the supplier has obtained a physician's order for some, but not all, of the items provided to a particular beneficiary, the supplier must submit a separate claim for the items dispensed without a physician order.

Ultraviolet (UV) lenses (V2755) are considered reasonable and necessary following cataract extraction; therefore, additional medical necessity justification by the treating physician beyond inclusion on the order is not necessary.

Tinted lenses, used as sunglasses provided to an aphakic patient in addition to regular prosthetic lenses, will be denied as not medically necessary. Tinted lenses used as sunglasses prescribed to a pseudophakic patient in addition to regular prosthetic lenses will be denied as noncovered items.

Aphakic Patients

An aphakic patient is one who does not have an IOL implant, or who has a congenital absence of the lens.

For aphakic patients, the following lenses or combinations of lenses are covered when determined to be medically necessary:

- Bifocal lenses in frames
- Lenses in frames for far vision and lenses in frames for near vision
- When contact lenses for far vision are prescribed, (including cases of binocular and monocular aphakia), payment will be made for the contact lenses, and lenses in frames for near vision to be worn at the same time as the contact lenses, and lenses in frames to be worn when the contacts have been removed.

When medically necessary, Medicare Part B will cover replacement of lenses.

Eyeglasses are covered even though the surgical removal of the natural lens occurred before Medicare entitlement.

Scratch resistant coating (V2760) and transition/ progressive lenses (V2781) are noncovered as deluxe items.

Only standard frames (V2020) are covered. Additional charges for deluxe frames (V2025) are noncovered.

Diagnosis Codes

Covered diagnoses are limited to:

Pseudophakia	ICD-10 Z96.1. ICD-10 codes for supporting documenta- tion Z98.41, Z98.42
Aphakia	ICD-10 H27.01, H27.02, H27.03
a	100 10 010 0

Congenital aphakia ICD-10 Q12.3

Lenses provided for other diagnoses will be denied as noncovered items.

Patient Payment and Explanation of Medical Benefits

The Remittance Advice (RA) form details data that patients receive when they order any luxury eye wear. In the following example, dollar amounts are for instructional purposes only.

JUNE 1, 2002		BILLED	APPROVED
V2020	Frame	\$100.00	\$80.00
V2203	Bifocals	\$ 70.00	\$45.00
V2799	High index	\$ 65.00	\$ 0.00

For the June 1 example, determine whether the optical department will or will not accept assignment. Best practice is to verify that an ABN was obtained for noncovered materials, as this will determine the amount you collect from the patient. Clearly explained patient financial responsibility can allow you to collect up front.

Billing patients, instead of collecting money up front, will render an optical shop cash-poor quickly and should be avoided. Many offices have a simple, direct statement printed on their receipts: "Any balance remaining after insurance payments are received is the patient's responsibility."

HCPCS V CODES

Codes listed in this section do not necessarily indicate insurance coverage.

Frames

V2020	Frames, purchases
V2025	Deluxe frame

Spectacle Lenses

-	
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder per lens
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens
V2115	Lenticular, per lens, single vision
V2118	Aniseikonic lens, single vision
V2109	Not otherwise classified, single vision
12135	lens
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens

V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
10007	
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens
V2215	Lenticular, per lens, bifocal
V2218	Aniseikonic, per lens, bifocal
V2219	Bifocal seg width over 28 mm
V2220	Bifocal add over 3.25d
V2299	Specialty bifocal (by report)
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens

V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d	
	cylinder, per lens	
V2305	Spherocylinder, trifocal, plano to plus	
	or minus 4.00d sphere, 4.25 to 6.00d	
	cylinder, per lens	
V2306	Spherocylinder, trifocal, plano to plus or	
	minus 4.00d sphere, over 6.00d cylinder,	
10707	per lens	
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12	
	to 2.00d cylinder, per lens	
V2308	Spherocylinder, trifocal, plus or minus	
	4.25 to plus or minus 7.00d sphere, 2.12	
	to 4.00d cylinder, per lens	
V2309	Spherocylinder, trifocal, plus or minus	
	4.25 to plus or minus 7.00d sphere, 4.25	
10710	to 6.00d cylinder, per lens	
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over	
	6.00d cylinder, per lens	
V2311	Spherocylinder, trifocal, plus or minus	
	7.25 to plus or minus 12.00d sphere, 0.25	
	to 2.25d cylinder, per lens	
V2312	Spherocylinder, trifocal, plus or minus	
	7.25 to plus or minus 12.00d sphere, 2.25	
1/0717	to 4.00d cylinder, per lens Spherocylinder, trifocal, plus or minus	
V2313	7.25 to plus or minus 12.00d sphere, 4.25	
	to 6.00d cylinder, per lens	
V2314	Spherocylinder, trifocal, sphere over plus	
	or minus 12.00d, per lens	
V2315	Lenticular, per lens, trifocal	
V2318	Aniseikonic lens, trifocal	
V2319	Trifocal seg width over 28 mm	
V2320	Trifocal add over 3.25d	
V2399	Specialty trifocal (by report)	
V2410	Variable asphericity lens, single vision,	
	full field, glass or plastic, per lens	
V2430	Variable asphericity lens, bifocal, full	
12400	field, glass or plastic, per lens	
V2499	Variable sphericity lens, other type	
Vision Aids		

The following are paid according to insurance carrier discretion. Medically necessary documentation may be required from the prescribing physician.

1 /	
V2600	Hand held low vision aids and other
	nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision
	aids

V2615	Telescopic and other compound lens
	system, including distance vision
	telescopic, near vision telescopes, and
	compound microscopic lens system

Miscellaneous V Codes

V2700	Balance lens, per lens
V2710	Slab off prism, glass or plastic, per lens
V2715	Prism, per lens
V2718	Press-on lens, Fresnel prism, per lens
V2730	Special base curve, glass or plastic, per lens
V2744	Tint, photochromatic, per lens
	Used for any type of photochromatic lens, either glass or plastic
V2745	Any tint, excluding photochromatic
V2750	Anti-reflective coating, per lens
V2755	UV lens, per lens
V2760	Scratch resistant coating, per lens
V2761	Mirror coating
V2770	Occluder lens, per lens
V2780	Oversize lens, per lens
V2781	Progressive lens, per lens
	This is a multifocal lens that gradually changes in lens power from the top to the bottom of the lens, eliminating the line(s) that would otherwise be seen in a bifocal or trifocal lens. Used for the difference in price between the standard lens and progressive. Medicare will deny this code.
V2782	High index. Can't be added to V2784
V2783	High index. Can't be added to V2784
V2784	Poly and Trivex
V2799	Vision service, miscellaneous, such as high index, including glass, plastic, bifocal, and trifocal, and should be used as an add-on code to existing billing.
V5160	Dispensing fee
Polycarbor	nate, polarized, including bifocal and

Polycarbonate, polarized, including bifocal and trifocal, should be used as an add-on code to existing billing.

CODING AND DOCUMENTATION GUIDELINES

Coding Guidelines

The -RT (right eye) and -LT (left eye) modifiers must be used with all HCPCS codes except V2020, V2025 and V2600.

When lenses are provided bilaterally and the same code is used for both lenses, bill both lenses on the same claim line using the -RT/-LT modifier and two units of service.

Codes V2100–V2218, V2299–V2318, V2399– V2499, V2700 and V2770 describe specific eyeglass lenses. Only one of these codes may be billed for each lens provided.

Codes V2219, V2220, V2319, V2320, V2710–V2760 and V2781 describe add-on features of lenses. They are billed in addition to codes for the basic lens. Note:

Fresnell press-on prisms may be a covered benefit when appending modifier -KX to V2718. However, billing for press-on prisms may impact payment for ground-in prism coverage due to utilization. Best practice is to obtain an ABN and append modifier -GA as well as -KX.

When billing claims for deluxe frames, use code V2020 for the cost of standard frames and a second line item using code V2025 for the difference between the charge for the deluxe frames and the standard frames.

When billing claims for progressive lens, use the appropriate code for the standard bifocal (V2200–V2299) or trifocal (V2300–V2399) lens and a second line item using code V2781 for the difference between the charge for the progressive lens and the standard lens.

Modifiers

-EY	Used for anti-reflective, tints, oversize lens or polycarbonate not ordered by a provider. Since NPI implementation in May 2008, any line items with -EY must be on a separate claim.
-KX	Documentation to support medical necessity.
	Use for anti-reflective coating, tints, and oversize lenses if ordered by provider.
	Use for polycarbonate lenses if ordered by provider (usually for monocular vision)
	To read the OIG report Claim Modifier Did Not Prevent Medicare from Paying
	Millions in Unallowable Claims for
	Selected Durable Medical Equipment (A-04-10-04004), dated April 2012,
	visit http://oig.hhs.gov/oas/reports/ region4/41004004.pdf
-GA	Item or service expected to be denied as not reasonable and necessary; ABN on file
-RT	Right side
-LT	Left side

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider" (42 U.S.C. § 13951[e]). It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports. This documentation must be available to the DMERC upon request.

The medical record must contain a detailed order for the post-cataract glasses or contact lenses (for aphakia) and must clearly state an order for the patient's frame. The order must include the diagnosis code and/or a narrative diagnosis for the condition necessitating the lens(es) and frame, and must be signed by the treating physician and kept on file by the supplier. For those providers who are both ordering physician and supplier, the prescription is an integral part of the patient's record. All submitted claims must include the diagnosis code relating to the need for the item.

A detailed written order (DWO) for the lens(es), including frames, that has been signed and dated by the treating physician must be kept on file by the supplier.

DWO must include:

- Beneficiary's name
- Physician's name
- Date of the order and the start date, if start date is different from the date of the order
- Detailed description of the item(s) (see below for specific requirements for selected items). It should include the diagnosis code and/or a narrative diagnosis for the condition necessitating the lens(es).
- Physician signature and signature date

All claims must include the diagnosis code relating to the need for the item.

If aphakia is the result of the removal of a previously implanted lens, the date of the surgical removal of the lens must accompany the claim.

When billing for glasses, the place of service (POS) is 12. A copy of any ABN given to/signed by the patient must be retained in the patient record.

CMS has an LCD policy, L33793, providing guidance for billing purposes. It is recommended to print out the policy and frequently check back to see if it has been updated. The policy can be found at www. cms.gov/medicare-coverage-database/details/lcddetails.aspx?LCDId=33793&ContrId=140&ver=9& ContrVer=2&CntrctrSelected=140*2&Cntrctr =140&name=CGS+Administrators%2c+LLC +(18003%2c+DME+MAC)&DocType=Active& LCntrctr=140*2&bc=AgACAAIAAAAAA%3d% 3d&ME-LCD

CMS also has a coverage article for refractive lenses A52499, which can be found at www.cms.gov

/medicare-coverage-database/details/article-details .aspx?articleId=52499&ContrID=140

Patient Receipt of Glasses and Proof of Delivery

Documentation that the patient has received the postcataract eyeglasses must be maintained. The delivery date is the date that the beneficiary or an authorized representative actually picks up the glasses, or the date that the package was shipped in the event of having to mail or use a delivery service. The delivery date is used as the date of service on the claim form.

The Proof of Delivery must be kept on file for seven years, and should include a detailed list of the items being purchased by the Beneficiary. There are three methods of delivery for post-cataract glasses and contact lenses:

- Patient or authorized representative is directly receiving the Item(s) at the optical shop
- The Item(s) are being delivered by either mail service or delivery service
- The Item(s) are being delivered to a nursing facility on behalf of the patient

Beneficiaries should receive a copy of the Proof of Delivery at the time they pick up their glasses or contact lenses. Check with your local DMERC and LCDs for specifications on Proof of Delivery.

Remember that post-cataract glasses cannot be dispensed while the patient is in a skilled nursing facility (SNF).

Optical Evaluation Assessment

Many offices find that a patient questionnaire is helpful in identifying patients' optical needs.

The majority of your day is spent:

Outdoors/driving	Recommend: Sunglasses, transitional or polarized lenses
Sports/yard work/ carpentry	Recommend: Protective eyewear
Computer or desk work	Recommend: Single vision lenses
Sewing	Recommend: Single vision lenses
Bothered by glare from: • Sun when driving • Computer screens • Fluorescent lights • Headlights at night	Recommend: Anti-reflective coating

Contact Lens Coding

Codes for contact lens fitting, refitting, replacement and modification are available in two coding divisions: Level I CPT and HCPCS. Code selection depends upon the insurance carrier's requirements.

Level I CPT Codes

The description of "prescription" as identified in CPT codes 92310–92317 includes:

- Specifications of the contact lens including base curve, power, diameter and polymer
- Instruction concerning lens care and training on lens insertion and removal

CPT codes 92310–92317 are not bundled with the E/M or Eye visit code examinations or with code 92015 Determination of refractive state.

Supplying the contact lens may be reported as part of the code. If supply of the contact lens is not included, append modifier -26, indicating that the professional component of the code was provided and not the actual supply of the lens.

Subsequent or follow-up visits should be reported with the appropriate E/M or Eye visit code.

92310 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia

For prescription and fitting of one eye, append modifier -52 showing a reduced service; payment will be affected.

92311corneal lens for aphakia, one eye92312corneal lens for aphakia, both eyes92313corneoscleral lens

At one time there were lenses that actually covered the sclera encapsulating the entire eye.

Rarely used today.

92314 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia

For prescription and fitting of one eye, append modifier -52 showing a reduced service; payment will be affected.

92315	corneal lens for aphakia, one eye
92316	corneal lens for aphakia, both eyes
92317	corneoscleral lens
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	Replacement of contact lens

Tip: Medicare will only pay for soft contact lenses for patients who are Aphakic and have recently had cataract surgery. Post-cataract surgery modifiers will still apply and should be added appropriately and dates of surgery should be included on the claim in the appropriate field.

From CPT Assistant Archive—Coding for Ophthalmological Services

Coding for Contact Lens Services

The prescription of contact lenses includes specification of optical and physical characteristics (such as power, size, curvature, flexibility, gas-permeability). It is not a part of the general ophthalmological services.

The fitting of contact lenses includes instruction and training of the wearer and incidental revision of the lenses during the training period. Follow-up of successfully fitted extended wear lenses is reported as part of a general ophthalmological service (92012 et seq).

As indicated earlier, the prescription of contact lenses is not part of the general ophthalmological services. Therefore, the prescription of contact lenses may be reported separately in addition to the general ophthalmological service codes and E/M if performed. If a patient presents for follow-up of successfully fitted extended wear lenses, this is part of the general ophthalmological services using 92012 and 92014, and is not a separately reportable service.

Coding for Spectacle Services (Including Prosthesis for Aphakia)

During determination of the refractive state, the physician examines the patient for refractive error. Some common types of refractive errors are hyperopia (farsightedness), astigmatism, and myopia (nearsightedness). The physician may prescribe corrective lenses to help relieve the symptoms caused by refractive error. As the prescription of lens is included in the determination of the refractive state, it would not be reported separately. However, the fitting of the spectacles themselves is a separately reportable service when performed by the physician and would be reported by using codes 92340, 92341, 92342, 92352, 92353, 92354, 92355, 92358, 92370, 92371.

Prescription of lenses, when required, is included in 92015, Determination of refractive state. It includes specification of lens type (monofocal, bifocal, other), lens power, axis, prism, absorptive factor, impact resistance, and other factors.

Fitting includes measurement of anatomical facial characteristics, writing of laboratory specifications, and final adjustment of the spectacles to the visual axis and anatomical topography. The presence of a physician is not required. Supply of materials is a separate service component; it is not part of the service of fitting spectacles.

HCPCS Codes

Insurance carrier payment policy for each contact code is subject to quantity alert and carrier discretion.

V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism
	ballast, per lens
V2502	Contact lens, PMMA, bifocal, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
1/2510	
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism
	ballast, per lens
V2512	Contact lens, gas permeable, bifocal, per
	lens
V2513	Contact lens, gas permeable, extended
	wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
	Covered by Medicare only for aphakic
	patients
V2521	Contact lens, hydrophilic, toric, or prism
	ballast, per lens
	Covered by Medicare only for aphakic
	patients
V2522	Contact lens, hydrophilic, bifocal,
	per lens
	Covered by Medicare only for aphakic
	patients
V2523	Contact lens, hydrophilic, extended wear, per lens
	Covered by Medicare only for aphakic
	patients
V2530	Contact lens, scleral, gas impermeable,
	per lens
V2599	Contact lens, other type
Medicare of	covers plastic polymer contact lenses for
aphakic pa	tients.
B02.33	Zoster keratitis (Herpes zoster
	keratoconjunctivitis)
B00.52	Herpesviral keratitis (Herpesviral
	keratoconjunctivitis)
G51.0	Bell's palsy (Facial palsy)
H44.421	Hypotony of right eye due to ocular fistula
H44.422	Hypotony of left eye due to ocular
	fistula
H44.423	Hypotony of eye due to ocular fistula,
	bilateral
H44.411	Flat anterior chamber hypotony of
	right eye
H44 412	Flat anterior chamber hypotony of

- H44.412 Flat anterior chamber hypotony of left eye
- H44.413 Flat anterior chamber hypotony, bilateral

Bandage Contact Lens

CPT 2012 introduced two new codes to replace 92070 Fitting of contact lens for treatment of disease including supply of lens. One code was for a bandage contact lens fitting, and the second code was for keratoconus lens fitting.

- CPT code 92071 Fitting of contact lens for treatment of ocular surface disease.
- Bundled with 92072 Fitting of contact lens for management of keratoconus; initial, and exam code 99211.
- Payable per eye. Submit with modifiers -RT or -LT or modifier -50.
- Report supply of special order lens separately.

Options for supply of lens:

CPT CODE 99070	Supply of lens	May require an invoice
CPT CODE 92326	Replacement of contact lens	
HCPCS CODE V2599	Contact lens, other type	Commercial payers may not recognize HCPCS code

Coverage issues:

- Practice may not be a supplier of durable medical equipment.
- HCPCS code may not be recognized.
- Diagnosis codes are not a covered benefit.
- Patient is likely to be responsible for payment.

Keratoconus Contact Lens

CPT code 92072 Fitting of contact lens for management of keratoconus; initial

- Payment is inherently bilateral.
- Bundled with exam code 99211 and 92071 Bandage contact lens fitting.
- For subsequent fittings, report using E/M or Eye visit code services.

Options for supply of lens:

CPT Codes

99070	Supply code-	May require an	n invoice
33070	Supply coue	muy require u	1 mivoice

92326 Replacement of contact lens

HCPCS Codes

- **V2500** PMMA, spherical, per lens
- V2501 PMMA, toric or prism ballast, per lens
 V2502 PMMA, bifocal, per lens
 V2510 Gas permeable, spherical, per lens
 V2511 Gas permeable, toric, prism ballast, per lens
 V2512 Gas permeable, bifocal, per lens

V2513	Gas permeable, extended wear, per lens
V2530	Scleral, gas impermeable, per lens
V2531	Gas permeable, per lens
V2599	Other, type

Coverage issues:

- Practice may not be a supplier of durable medical equipment.
- HCPCS code may not be recognized.
- Diagnosis codes are not a covered benefit.
- Some payers may require a prior approval and may even request a copy of the invoice.
- Patient is likely to be responsible for payment.

Contact Lens Solutions

Contact lens cleaning solution and normal saline for contact lenses are not covered by insurance plans but may be billed using CPT code 99070, Supplies and materials (except spectacles) provided by the physician over and above those usually included with the office visit or other services rendered. Many states require charging sales tax for these items.

Typical Covered Diagnosis Codes

H04.121, H04.122, H04.123	Dry eye syndrome of lacrimal gland (Tear film insufficiency, NOS)
H16.011, H16.012, H16.013	Central corneal ulcer
H16.021, H16.022, H16.023	Ring corneal ulcer
H16.031, H16.032, H16.033	Corneal ulcer with hypopyon
H16.041, H16.042, H16.043	Marginal corneal ulcer
H16.051, H16.052, H16.053	Mooren's corneal ulcer
H16.061, H16.062, H16.063	Mycotic corneal ulcer
H16.071, H16.072, H16.073	Perforated corneal ulcer
H16.111, H16.112, H16.113	Macular keratitis (Areolar, Nummular, Stellate, Striate keratitis)
H16.121, H16.122, H16.123	Filamentary keratitis
H16.141, H16.142, H16.143	Punctate keratitis
H16.211, H16.212, H16.213	Exposure keratoconjunctivitis
H16.221, H16.222, H16.223	Keratoconjunctivitis sicca, not specified as Sjogren's
H16.231, H16.232, H16.233	Neurotrophic keratoconjunctivitis

H18.11, H18.12, H18.13	Bullous keratopathy
H18.421, H18.422, H18.423	Band keratopathy
H18.51	Endothelial corneal dystrophy (Fuchs' dystrophy)
H18.59	Other hereditary corneal dystrophies
H18.621, H18.622, H18.623	Keratoconus, unstable (Acute hydrops)
H18.731, H18.732, H18.733	Descemetocele
H18.831, H18.832, H18.833	Recurrent erosion of cornea
M35.01	Sicca syndrome [Sjogren] with keratoconjunctivitis, Excludes1: reactive perforat- ing collagenosis (L87.1)
S05.01X-, S05.02X-	Injury of conjunctiva and corneal abrasion without foreign body—Add 7th final character A, D or S
S05.31X-, S0532X-	Ocular laceration without prolapse or loss of intraocular tissue—Add 7th final character A, D or S
T15.01X-, T15.02X-	Foreign body in cornea— Add 7th final character A, D or S
T26.11X-, T26.12X-	Burn of cornea and conjunctival sac— Add 7th final character A, D or S
T26.61X-, T26.62X-	Corrosion of cornea and conjunctival sac—Add 7th final character A, D or S
Z94.7	Corneal transplant status

MEDICARE ADVANTAGE PLANS

While Medicare Part B has limited coverage benefits, Medicare Advantage plans may offer additional covered services for their beneficiaries. They are administered by third party payers, who often contract with vision plans as a member benefit.

- Routine eye exams: May limit what diagnoses can be submitted. Exams may be as frequent as once per year.
- Glasses, frames and/or contact lenses: Plans may offer one pair every 24 months.

Be sure to confirm with the payer prior to providing services as each plan will vary in offerings.

PROOF	Company, LLC <u>OF DELIVERY</u>
1234 Front Street, San Francisco CA 94109 Phone: (999) 987-6543	655 Beach Street, San Francisco CA 94109 Phone: (999) 987-3456
Patient Name:	Date of Birth:
Delivery Address:	
City: State	e: Zip Code:
Delivery Date:	Optician:
Description of Pseudophakic/Aphakic Glasses:	FRAME MODEL:
	LENS TYPE:
	MATERIAL:
	CASE:
	LENS CARE KIT:
	QUANTITY:
 The item(s) above are being delivered by The item(s) listed above are being delivered 	ered to a nursing facility on behalf of the patient *** nd accept the delivery of durable medical equipment on behalf of th
* An authorized representative is "a person who can sign a beneficiary." – Per DME MAC Jurisdiction C Supplier Manua ** If item is being shipped, complete additional shipping fo *** If item is being delivered to a nursing facility, complete	
beneficiary." – Per DME MAC Jurisdiction C Supplier Manua ** If item is being shipped, complete additional shipping fo	additional facility form and attach to this POD.
beneficiary." – Per DME MAC Jurisdiction C Supplier Manue ** If item is being shipped, complete additional shipping fo *** If item is being delivered to a nursing facility, complete PROOF OF DELIVERY: This is confirmation tha	additional facility form and attach to this POD.
beneficiary." – Per DME MAC Jurisdiction C Supplier Manue ** If item is being shipped, complete additional shipping fo *** If item is being delivered to a nursing facility, complete PROOF OF DELIVERY: This is confirmation that Signature of Patient or Patient Representative	additional facility form and attach to this POD. It I have received the item(s) listed above:
beneficiary." – Per DME MAC Jurisdiction C Supplier Manue ** If item is being shipped, complete additional shipping fo *** If item is being delivered to a nursing facility, complete PROOF OF DELIVERY: This is confirmation that Signature of Patient or Patient Representative If Patient Representative, please indicate relation	additional facility form and attach to this POD. It I have received the item(s) listed above:

Figure 3 Sample Proof of Delivery

Optical Company, LLC

1234 Front Street, San Francisco CA 94109 Phone: (999) 987-6543 655 Beach Street, San Francisco CA 94109 Phone: (999) 987-3456

CARE OF LENSES AND FRAMES:

- Use a clean, soft cloth designed to clean eyeglasses. Our Optical Shop has provided you with an initial cleaning cloth in your Lens Care Kit.
- Avoid using tissues or clothing this may scratch and/or damage your lenses.
- Use approved eyeglass cleaner (like the one provided in your Lens Care Kit) or a mild detergent with warm water to clean frames and lenses.
- DO NOT SLEEP IN YOUR GLASSES.
- Use your eyeglass case when not in use to avoid damages.

COMPLAINT RESOLUTION PROTOCOL:

- For issues regarding your eyeglasses, please contact the Optical Department at the phone numbers listed above. We advise you to contact the office where you ordered your glasses; however for your convenience any of our staff will be able to assist you at either location.
- You may be asked to schedule a follow-up appointment with the physician to determine changes with your eyeglasses prior to any changes, exchange, or refund.
- Warranty or exchange policy may be found in the "About Your Eyeglasses" brochure you received when your order for your glasses was placed.
- You may contact the Optical Manager or Practice Manager for unresolved issues.

Figure 3 Sample Proof of Delivery (continued)

<u>DELIVERY</u>	VIA SHIPPING or DELIVERY PROOF OF DELIVERY	<u>SERVICE</u>
1234 Front Street, San Francisco C. Phone: (999) 987-6543	A 94109 655 Beach Str Phone: (999)	reet, San Francisco CA 94109 987-3456
Patient Name:	Date of Birt	h:
[Attach all necessary docu	mentation to the back of this form a	and leave no field blank]
2. What is the name of the ship	is a delivery service being used? pping or delivery service being used	
3. What is the delivery addre		
Address		
City	State	Zip
 What is the tracking numbe CERTIFIED MAIL TRACKING OVERNIGHT MAIL TRACKIN DELIVERY SERVICE TRACKIN What item is being shipped: FRAME MODEL: LENS TYPE: MATERIAL: CASE: LENS CARE KIT: QUANTITY: What is the date the item is 	y Invoice Number?	ne)
Return receipt requests (i.e., pa	ckages requiring a signature) is ma	ndatory for all shipping of iten
Attach the return receipt with p invoice from the lab.	patient signature to the back of this	form, along with a copy of the
OPTICIAN COMPLETING FORM		Date:

Figure 4 Sample Proof of Delivery for Shipping Glasses to Beneficiary

PROOF	OF DELIVERY	
34 Front Street, San Francisco CA 94109 one: (999) 987-6543	655 Beach Street, 9 Phone: (999) 987-	San Francisco CA 94109 3456
tient Name:	Date of Birth:	
[Attach all necessary documentation to You must provide a copy of the complet		
 What is the name of the Nursing Facility? What is the address/destination of the N 		
Address		
City	State	Zip
 4. What item is being delivered: FRAME MODEL: LENS TYPE: MATERIAL: CASE: LENS CARE KIT: QUANTITY: 5. What is the date the item is being deliver NOTE: THIS DELIVERY DATE MUST BE 	red?	OUR ROUTER
I acknowledge that I have received the abo		
immediately.	and will present them to	the beneficiary
Nursing Facility Representative (print)	Signature	
Title:		
Name of Optician Delivering Items to Nursin		
	Date	

Figure 5 Sample Proof of Delivery to a Nursing Home

Optical Company, LLC	
POST-CATARACT GLASSES ITEMIZED ROUTER	
The Optician serving you for this transaction is:	

1234 Front Street, CA 94109 (999) 978-6543 655 Beach Street, CA 94109 (999) 978-3456

Beneficiary Name: _____

Identification Number:

Code	Modifier	Description	Medicare Allowable	Patient Responsibility	Non-Covered Patient Responsibility	Sales Tax
V2020		Frame (Base Medicare Allowable)				
V2025	GA	Deluxe Frame				
V	KXRT	Right Lens Surgery Date:				
V	KXLT	Left Lens Surgery Date:				
V2755	KXRT	UV Applied By Lab				
V2755	KXLT	UV Applied By Lab				
V2781	GART	Progressive Lens Overage				
V2781	GALT	Progressive Lens Overage				
V2760	GART	SRC TD2 or Carat Advantage				
V2760	GALT	SRC TD2 or Carat Advantage				
V2	GART	Lens Feature:				
V2	GALT	Lens Feature:				
V2	GART	Lens Feature:				
V2	GALT	Lens Feature:				
V2	GART	Lens Feature:				
V2	GALT	Lens Feature:				
		Total Each Column:	\$	\$	\$	\$
Orderi	ng Physicia	n Total Charges:	\$		Method of Paym	ent Received
Dr. Joh	n	Total Due from Patient:	\$		Cash Check#_	
Dr. Smi	th	Total Payment Received:	\$		VS MC AN	IEX DISC
Dr. Wil	liams	Balance Due (if any):	\$		VS NIC AN	IEA DISC
		I, charges. Medicare Replacemer be the patient's responsibility f All deductibles, co-pays, and	t Plans and Sup for any and all	charges not paid	ance will be file by insurance.	d and it wil
		be the patient's responsibility f	for any and all	charges not paid	by insurance.	

Figure 6 Sample Optical DMERC Router

		-			XYZ Insurance 567 Insurance Big City, IL 60	Lane	any			
PICA								PICA		
MEDICARE MEDICAID TRICA (Medicare#) (Medicaid#) (ID#/D		HAMPVA GI	ROUP EALTH PLAN	ECA OTHEF	IEG4-TE5-MK7			(For Program in Item 1)		
PATIENT'S NAME (Last Name, First Name, M	liddle Initial)	3. PATIEN		SEX	4. INSURED'S NAME (, First Name,	Middle Initial)		
PUBLIC, JOHN Q.		12	18 1924		PUBLIC, JOHN					
PATIENT'S ADDRESS (No., Street)			NT RELATIONSHIP		7. INSURED'S ADDRE		reet)			
655 BEACH STREET			Spouse Chil RVED FOR NUCC US		655 BEACH ST	KEEI		STATE		
SAN FRANCISCO		CA			SAN FRANCIS	со		CA		
	(Include Area Code	e)			ZIP CODE		,	E (Include Area Code)		
94109 (000) OTHER INSURED'S NAME (Last Name, First N	987-6543 Name, Middle Initial)	10 10 041	TIENT'S CONDITION	RELATED TO:	94109 11. INSURED'S POLIC'	Y GROUP O	· ·) 987-6543		
E En incomes o nome (east name, FISU	.amo, windore mittell)				MEDICARE		LOA NUI			
OTHER INSURED'S POLICY OR GROUP NUM	/BER	a. EMPLO	YMENT? (Current or	Previous)	a. INSURED'S DATE C	F BIRTH		SEX		
RESERVED FOR NUCC USE				ΧΝΟ	12 18	1924		X F		
NEGENVED FOR NUCL USE		D. AUTO	ACCIDENT?	PLACE (State)	b. OTHER CLAIM ID (D	esignated by	y NUCC)			
RESERVED FOR NUCC USE		c. OTHEF	R ACCIDENT?	<u>~</u> •	C. INSURANCE PLAN N	AME OR PI	ROGRAM NA	ME		
			YES	ΧΝΟ						
INSURANCE PLAN NAME OR PROGRAM NAM	ME	10d. CLAI	IM CODES (Designat	ted by NUCC)	d. IS THERE ANOTHER					
XYZ INSURANCE COMPANY READ BACK OF FOR	M BEFORE COM		G THIS FORM		13 INSUBED'S OB AL			te items 9, 9a, and 9d. SIGNATURE I authorize		
PATIENT'S OR AUTHORIZED PERSON'S S to process this claim. I also request payment of below.	IGNATURE Lautho	rize the release of a	ny medical or other in	formation necessary apts assignment		benefits to		ned physician or supplier for		
SIGNED SIGNATURE ON FILE (SOF)		DATE 10/5/LL	•	SIGNED SIGN	ATURE	ON FILE	(SOF)		
. DATE OF CURRENT ILLNESS, INJURY, or I	PREGNANCY (LMF	P) 15. OTHER DA QUAL.	TE MM D	D YY	16. DATES PATIENT U MM DE	NABLE TO	WORK IN CU			
QUAL.	ER SOURCE	17a.			FROM 18. HOSPITALIZATION	I DATES RE	TO ELATED TO	CURRENT SERVICES MM DD YY		
DR. SMITH			012345678		FROM DE) YY	то			
ADDITIONAL CLAIM INFORMATION (Design	nated by NUCC)				20. OUTSIDE LAB?		\$ C	HARGES		
. DIAGNOSIS OR NATURE OF ILLNESS OR		to conside life bole	w (24E)			NO				
796 1 PSEUDOPHAKIA	INDOTTI TIGILLO A-L	C.	ICD Ind	. 10	22. RESUBMISSION CODE		ORIGINAL R	EF. NO.		
B F		G. L	D.	·	23. PRIOR AUTHORIZ	ATION NUM	MBER			
		к	L.							
	LACE OF	PROCEDURES, SE (Explain Unusual PT/HCPCS	ERVICES, OR SUPPL Circumstances) MODIFIER	LIES E. DIAGNOSIS POINTER	F. S \$ CHARGES	G. DAYS OR UNITS	H. I. EPSDT ID. Plan QUAL.	J. RENDERING PROVIDER ID. #		
0 05 LL 10 05 LL	12 V	2200 R	!Т	A		1	NPI	1234567890		
10 05 LL 10 05 LL	12 V	/2200 L	T	A		1	NPI	1234567890		
0 05 LL 10 05 LL	12 V	2020		Α		1	NPI	1234567890		
0 05 LL 10 05 LL	12 V	2760 KE	<u>(</u>)	A		1	NPI	1234567890		
							NPI			
							NPI			
. FEDERAL TAX I.D. NUMBER SSN I	EIN 26. PATI	ENT'S ACCOUNT N	NO. 27. ACCE	EPT ASSIGNMENT?	28. TOTAL CHARGE	29. /	AMOUNT PA	ID 30. Rsvd for NUCC		
123456789 X		TIONAL	X YES	B NO	\$	\$				
		VICE FACILITY LOC		DN	33. BILLING PROVIDER INFO & PH # (000) 123-4567 OPTICAL COMPANY 1234 FRONT STREET					
) 123	4 FRONT STR								
I. SIGNATURE OF PHYSICIAN OR SUPPLIEF INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse) 123 SAN				SAN FRANCIS a. 1234567890					

Figure 7 Sample Insurance Claim Form

EALTH INSURAN						P	lumana 2.0. Box 1460 .exington, KY		2-4601				
	TRICARE	CHAMPV					1a. INSURED'S I.D. NU	MPED		(Eas Deagen	PICA		
MEDICARE MEDICAID (Medicare#) (Medicaid#)	TRICARE (ID#/DoD#)	(Member li	D#) (ID#)		FECA BLK LUNG ID#)	OTHER	IEG4-TE5-MK7			(For Program	in ten 1)		
PATIENT'S NAME (Last Name, F	First Name, Middle Init	ial)	3. PATIENT'S MM D		SEX		4. INSURED'S NAME (Last Nam	e, First Name,	, Middle Initial)			
PUBLIC, JOHN H. PATIENT'S ADDRESS (No., Street			12 18			F	PUBLIC, JOHN		24				
655 BEACH STREET	991)						7. INSURED'S ADDRE 655 BEACH ST		Street)				
TY		STATE	8. RESERVED				CITY	KEEI			STATE		
SAN FRANCISCO		CA					SAN FRANCIS	CO			CA		
	TELEPHONE (Include						ZIP CODE TELEPHONE (Include Area Code)						
94109 OTHER INSURED'S NAME (Last	(000) 987-6			T'S CONDITION		-O-	94109 11. INSURED'S POLIC)) 987-654	3		
	Name, Filbe Name, Mi	udie initialy	10.10 PATIEN	13 CONDITION	HELATED	0.	P1343	anoor	OHTLEAND	MDEN			
OTHER INSURED'S POLICY OR	GROUP NUMBER				Previous)		a. INSURED'S DATE C MM DD 12 18	1924	r	SEX	F		
RESERVED FOR NUCC USE			b. AUTO ACCI			E (State)	b. OTHER CLAIM ID (D	esignated	by NUCC)				
RESERVED FOR NUCC USE			c. OTHER AC	CIDENT?			C. INSURANCE PLAN N	AME OR	PROGRAM N/	AME			
INSURANCE PLAN NAME OR PR			10d CLAIM C	YES	X NO	2)	HUMANA d. IS THERE ANOTHER		BENEEIT D	ΔN2			
HUMANA			TOG. CLAIM CO	ODES (Designa	ated by NUCC	-1				AN? ete items 9, 9a, a	nd 9d.		
READ B					aformation	000000-	13. INSURED'S OR AL	THORIZE	D PERSON'S	SIGNATURE I	authorize		
. PATIENT'S OR AUTHORIZED I to process this claim. I also reque below.	est payment of governn	nent benefits either	to myself or to th	e party who acc	epts assignm	ent	payment of medical services described	below.	-		r supplier for		
SIGNED SIGNATURE OF			DATI	_E 10/5/Ll	-		SIGNED SIGN						
MM DD YY		QU.		MM	YY DC		16. DATES PATIENT U MM DE FROM	Y	Y TC		YY		
NAME OF REFERRING PROVID	DER OR OTHER SOUP	RCE 17a	a.				18. HOSPITALIZATION		RELATED TO	CURRENT SER	VICES		
DR. SMITH			. NPI 1012	345678			FROM		тс	0			
). ADDITIONAL CLAIM INFORMA	TION (Designated by	NUCC)					20. OUTSIDE LAB?	NO	\$0	HARGES			
. DIAGNOSIS OR NATURE OF I	LLNESS OR INJURY	Relate A-L to serv	rice line below (2	4E) ICD In	a 10		22. RESUBMISSION CODE	NO					
Z96.1 PSEUDOPHAKI	А в	_ c. L		- C			CODE		ORIGINAL F	REF. NO.			
	F	G. L		- F	H. L		23. PRIOR AUTHORIZ	ATION NU	JMBER				
. A. DATE(S) OF SERVICE	J B.	K C. D. PROCE	DURES, SERVI			E.	F.	G	Н. І.	1	J.		
From To M DD YY MM DD	PLACE OF		ain Unusual Circu		DL	AGNOSIS OINTER	\$ CHARGES	G. DAYS OR UNITS	H. I. EPSDT ID. Family Plan QUAL.	RENI	DERING DER ID. #		
0 05 LL 10 0	5 LL 12	V2103	RT			Α		1	NPI	12345678	390		
0 05 LL 10 0	5 LL 12	V2103	LT			Α		1	NPI	12345678	390		
									NPI				
									NPI				
									NPI				
		22 D					an TOTH OWNER	Γ.	NPI				
5. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S A	ACCOUNT NO.	27. ACC For gr	EPT ASSIGN ovt. claims, see S X NC	IMENT? back)	28. TOTAL CHARGE \$	29.	. AMOUNT PA	AID 30. Rsv	/d for NUCC U		
123456789	R SUPPLIER	32. SERVICE FA	CILITY LOCATIO			,	 33. BILLING PROVIDE 		,	00)123-4	567		
. SIGNATURE OF PHYSICIAN C	EDENTIALS	OPTICAL	COMPANY				OPTICAL COM 1234 FRONT	APANY	(0	,, 4	,		
I. SIGNATURE OF PHYSICIAN C INCLUDING DEGREES OR CF (I certify that the statements on apply to this bill and are made a							SAN FRANCISCO, CA 94109						
(I certify that the statements on			NCISCO, CA	94109			SAN FRANCIS a. 1234567890	5CO, CA	A 94109				

Figure 8 Sample Insurance Claim Form—Humana

EALTH INSURAL PROVED BY NATIONAL UNIFO						F	AEDADVANTA 2.O. Box 3027 GALT LAKE CI	2	84130	
PICA										PICA
MEDICARE MEDICAID (Medicare#) (Medicaid#)	TRICA		CHAMPV (Member II	- HEALTH						(For Program in Item 1)
PATIENT'S NAME (Last Name,		· .	(mombor n	3. PATIENT'S BI		SEX	IEG4-TE5-MI 4. INSURED'S NAME		e, First Name	. Middle Initial)
PUBLIC, JOHN A.				12 18	1924 ^M		PUBLIC, JOHN	IA.		
PATIENT'S ADDRESS (No., Str	eet)			6. PATIENT REL			7. INSURED'S ADDRE	SS (No., 1	Street)	
655 BEACH STREET			STATE	Self X Spo 8. RESERVED F		Other	655 BEACH S	TREET		STATE
SAN FRANCISCO			CA	0. HEOLINED I	01110000 002		SAN FRANCIS	co		CA
P CODE	TELEPHONE	E (Include Are	a Code)				ZIP CODE		TELEPHON	IE (Include Area Code)
94109	· /	987-654					94109))987-6543
OTHER INSURED'S NAME (Las	t Name, First I	Name, Middle	Initial)	10. IS PATIENT'S	CONDITION RE	ELATED TO:	11. INSURED'S POLIC 701234567	Y GROUP	OR FECA NU	MBER
OTHER INSURED'S POLICY OF		MBER		a. EMPLOYMEN	Current or Pre	evious)	a, INSURED'S DATE	OF BIRTH		SEX
						NO	MM DD 12 18	1924	N	1 X F
RESERVED FOR NUCC USE				b. AUTO ACCID	. —	PLACE (State)	b. OTHER CLAIM ID (E	Designated	by NUCC)	
RESERVED FOR NUCC USE				c. OTHER ACCI		NO	c. INSURANCE PLAN		PROGRAM N	AME
					YES X	NO	MEDADVANT			
INSURANCE PLAN NAME OR P	ROGRAM NAI	ME		10d. CLAIM COE	ES (Designated	by NUCC)	d. IS THERE ANOTHE		I BENEFIT PL	AN?
MEDADVANTAGE				& SIGNING THIS	50.004		YES X			ete items 9, 9a, and 9d.
PATIENT'S OR AUTHORIZED to process this claim. I also requi	PERSON'S S	GNATURE	I authorize the	release of any med	ical or other infor	mation necessary s assignment		I benefits t		SIGNATURE I authorize gned physician or supplier for
SIGNED SIGNATURE O	N FILE ((SOF)		DATE	10/5/LL		SIGNED SIGN	ATURE	ON FILE	(SOF)
. DATE OF CURRENT ILLNESS		PREGNANC	Y (LMP) 15. QU	OTHER DATE	MM DD	YY	16. DATES PATIENT L	INABLE TO	Y WORK IN C	
QU NAME OF REFERRING PROVI		IER SOURCE	17a				FROM 18. HOSPITALIZATIO		TC RELATED TO	
DR. SMITH			175		45678		FROM DI	Y	т	CURRENT SERVICES MM DD YY
ADDITIONAL CLAIM INFORM	ATION (Desig	nated by NU	CC)				20. OUTSIDE LAB?		\$ C	CHARGES
. DIAGNOSIS OR NATURE OF			ate A.I. to servi	iao lizo bolow (34E	2		YES	NO		
704 1 PSEUDOPHAK	IA .	INJOHT HEI		IC8 III 8 D8IOW (246) ICD Ind.	10	22. RESUBMISSION CODE		ORIGINAL F	REF. NO.
	B. L		c. L G. L		D. L		23. PRIOR AUTHORIZ	ATION N	UMBER	
L	J. [К. Ц		L					
A. DATE(S) OF SERVICE From T M DD YY MM DI	o PI	B. C. LACE OF SERVICE EMG	(Expla	DURES, SERVICE in Unusual Circum CS	S, OR SUPPLIE stances) MODIFIER	S E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. I. EPSOT ID. Family QUAL.	J. RENDERING PROVIDER ID. #
0 05 LL 10 (5 LL	12	V2303	RT		Α		1	NPI	1234567890
0 05 LL 10 0	5 LL	12	V2303	LT		A		1	NPI	1234567890
0 05 LL 10 0	5 LL	12	V2745	(EY)		A		2	NPI	1234567890
0 05 LL 10 0	5 LL	12	V2760	(EY)		A		2	NPI	1234567890
									NPI	
									NPI	
123456789	SSN			ACCOUNT NO.	X YES	Claims, see back)	28. TOTAL CHARGE	\$,	
. SIGNATURE OF PHYSICIAN INCLUDING DEGREES OR C (I certify that the statements or apply to this bill and are made	REDENTIALS the reverse a part thereof.	.)	OPTICAL 1234 FRC	CILITY LOCATION COMPANY ONT STREET NCISCO, CA			33. BILLING PROVIDE OPTICAL COI 1234 FRONT SAN FRANCI	MPANY STREE	т	00) 123-4567
GIGNATURE ON FILE	10/5/L DATE	.L a.	1234567				a. 1234567890	b.		
	vailable at:				SE PRINT O		APPR			

Figure 9 Sample Insurance Claim Form—Medadvantage

									F	NORIDIAN AD P.O. Box 6727 ARGO, ND 58		SERV	ICES	5	
PICA															PICA
MEDICARE MEDICAID (Medicare#) (Medicaid#		ICARE #/DoD#)		CHAMPVA (Member ID#)		OUP ALTH PL/ #)		FECA BLK LUN (ID#)		Ia. INSURED'S I.D. N				(For Program	1 in Item 1)
PATIENT'S NAME (Last Name			itial)					. ,	SEX	4. INSURED'S NAME	-	e, First N	Name, N	Middle Initial)	
PUBLIC, JOHN B.					12	18	1924		F	PUBLIC, JOHN					
PATIENT'S ADDRESS (No., SI	reet)			e	Self	T RELATI		P TO INSI nild	URED Other	7. INSURED'S ADDRI		Street)			
655 BEACH STREET				STATE 8	Self X					655 BEACH S	IREEI				STATE
SAN FRANCISCO				CA						SAN FRANCIS	5CO				CA
CODE	,	NE (Include		ode)						ZIP CODE		· ,		(Include Area	
94109 OTHER INSURED'S NAME (La) 987-0		tial) 1	0. IS PAT	ENT'S CO		N RELAT	ED TO:	94109 11. INSURED'S POLIC	Y GROUP	`)987-654	13
OTHER INSURED'S POLICY O	R GROUP N	UMBER			EMPLOY	YE	s	NO		a. INSURED'S DATE MM DD 12 18	1924		м[SEX	F
ALCENTED FOR NOCE USE					auto A			F NO	PLACE (State)	b. OTHER CLAIM ID (I	Designated	DY NUC	C)		
RESERVED FOR NUCC USE					. OTHER			^م <u>ب</u>		c. INSURANCE PLAN	NAME OR	PROGR	AM NAM	ME	
						YE		X NO		MEDICARE					
INSURANCE PLAN NAME OR F MEDICARE	'HOGRAM I	NAME		1	od. CLAIN	I CODES	(Desigr	ated by N	NUCC)		•			N? e items 9, 9a, a	nd 9d
READ	BACK OF F	ORM BEF	ORECO	MPLETING 8	SIGNING	THIS FO	RM.			13. INSURED'S OR A	UTHORIZE	D PERS	SON'S S	SIGNATURE I	authorize
PATIENT'S OR AUTHORIZED to process this claim. I also req below.	uest paymer	nt of govern	URE I a ment be	uthorize the release nefits either to	myself or t	o the part	who ad	cepts ass	on necessary ignment	payment of medica services described	below.				r supplier for
SIGNED SIGNATURE C						ATE 10)/5/L	L		SIGNED SIGN					
DATE OF CURRENT ILLNES	JAL.	or PREGN	ANCY (QUAL	HER DAT	-	MM	DD	YY	16. DATES PATIENT U MM D FROM	D Y	Y	TO	MM DD	YY
NAME OF REFERRING PROV	IDER OR O	THER SOU	RCE	17a.						18. HOSPITALIZATIO		RELATE	D TO C		IVICES
DR. SMITH		eiseets d bu	NUCC	17b.	NPI 10	12345	678			FROM 20. OUTSIDE LAB?			TO	ARGES	
ADDITIONAL CLAIMINFORM	IATION (DB	signated by	YNOCC)						YES	NO		a ch		
DIAGNOSIS OR NATURE OF		DR INJURY	' Relate	A-L to service	line belov	v (24E)	ICD I	nd. 10		22. RESUBMISSION CODE	- <u> </u>	ORIGI	NAL RE	EF. NO.	
Z96.1 PSEUDOPHAN	в		_	c. L				D		23. PRIOR AUTHORI					
	F. L		_	G. ∟ К.				н		23. Phion A0THONI	ZATION N	JMDEN			
A. DATE(S) OF SERVIC		B.	с.	D. PROCEDU				L. L	E. DIAGNOSIS	F.	G. DAYS	H. EPSDT	l.		J. DERING
From T M DD YY MM D	o D YY	PLACE OF SERVICE	EMG	CPT/HCPCS	Unusual C		DIFIER		POINTER	\$ CHARGES	OR	Family	ID. QUAL.		IDER ID. #
0 05 LL 10	05 LL	12	- i	V2304	R	r I			Δ		1		NPI	12345678	200
U U U		12		72304	K	•		_						123430/0	
0 05 LL 10	05 LL	12		V2304	LI	•			Α		1		NPI	12345678	390
0 05 LL 10	05 LL	12	1	V2020		I	I		Δ		1	.	NDI	12345678	200
0 05 LL 10 1		12		¥2020					A		1		NPI	123430/0	590
													NPI		
			1				1				1				
													NPI		
													NPI		
FEDERAL TAX I.D. NUMBER	_		26. F	ATIENT'S AC		0.		CEPT AS	SIGNMENT?	28. TOTAL CHARGE		. AMOU	NT PAII	D 30. Rs	vd for NUCC
123456789 SIGNATURE OF PHYSICIAN			32 6	ERVICE FACIL					NO	\$ 33. BILLING PROVIDE	\$		(0)122.6	E 4 7
	REDENTIA	LS		PTICAL C						OPTICAL CO			(00	0)123-4	700
INCLUDING DEGREES OR C (I certify that the statements or			1	234 FRON						1234 FRONT					
INCLUDING DEGREES OR C (I certify that the statements o apply to this bill and are made						CAOL	100			SAN FRANCISCO, CA 94109					
(I certify that the statements o	10/5/	/LL		AN FRAN 23456789		CA 94	109			a. 1234567890		4 7410	,,		

Figure 10 Sample A Insurance Claim Form—Noridian Admin Services

						F	NORIDIAN AD P.O. Box 6727 FARGO, ND 58		SERVIC	ES		
PICA MEDICARE MEDICAID TRIC	CARE	CHAMPVA	CROW	-	FECA		1a. INSURED'S I.D. N	IMPED		(Eas Dees	PICA	
	DoD#)	(Member ID#	#) (<i>ID#</i>)		FECA BLK LUN (ID#)		IEG4-TE5-MK			(FOI FIO	ram in Item 1)	
PATIENT'S NAME (Last Name, First Name,	Middle Initial)	,	3. PATIENT'S MM DI			SEX	4. INSURED'S NAME	(Last Nam	ie, First Nam	e, Middle Initia	al)	
PUBLIC, JOHN C.			12 18 6. PATIENT R	3 1924	I M X	F	PUBLIC, JOHN		0			
PATIENT'S ADDRESS (No., Street) 655 BEACH STREET			_		Child	Other	7. INSURED'S ADDRE		Street)			
ry		STATE	8. RESERVED				CITY	INCLI			STATE	
SAN FRANCISCO		CA					SAN FRANCIS	CO			CA	
	E (Include Area Co	ode)					ZIP CODE					
94109 (000) OTHER INSURED'S NAME (Last Name, Firs	987-6543 t Name, Middle Init	ial)	10. IS PATIEN	I'S CONDITI	ON RELAT	TED TO:	94109 11. INSURED'S POLIC	Y GROUP		0)987-6	5543	
		,					NONE					
OTHER INSURED'S POLICY OR GROUP NU	IMBER		a. EMPLOYME	NT? (Current			a. INSURED'S DATE O			SE	_	
RESERVED FOR NUCC USE			b. AUTO ACCI	YES	X NC		12 18	1924	T	™ X	F	
			E AGIO ACCI	YES		PLACE (State)	b. OTHER CLAIM ID (D	vesignated	DY NUCC)			
RESERVED FOR NUCC USE			c. OTHER ACC		<u> </u>		c. INSURANCE PLAN	NAME OR	PROGRAM	NAME		
				YES	X NC		MEDICARE					
NSURANCE PLAN NAME OR PROGRAM N	AME		10d. CLAIM CO	DDES (Desig	gnated by I	NUCC)	d. IS THERE ANOTHE					
READ BACK OF FO	RM BEFORE CO	MPLETING	& SIGNING TH	IS FORM.			13. INSURED'S OR AU			lete items 9, 9 'S SIGNATUR		
PATIENT'S OR AUTHORIZED PERSON'S to process this claim. I also request payment below.	SIGNATURE I au of government ber	ithorize the re nefits either to	lease of any me myself or to the	edical or othe e party who a	er information accepts ass	on necessary signment	payment of medica services described	l benefits i below.	to the unders	igned physicia	an or supplier for	
SIGNED SIGNATURE ON FILE			DATE	10/5/	LL		SIGNED SIGN					
	r PREGNANCY (L	.MP) 15. O QUAI	THER DATE	MM	DD	YY	16. DATES PATIENT U	NABLE TO	O WORK IN (
QUAL.	HER SOURCE	17a.					FROM 18. HOSPITALIZATION MM DI			O CURRENT	SERVICES	
DR. SMITH		17b.	NPI 1012	345678			FROM DI	о <u>ү</u>		о ^{ММ} [
ADDITIONAL CLAIM INFORMATION (Des	ignated by NUCC)						20. OUTSIDE LAB?	1 1	\$	CHARGES		
DIAGNOSIS OR NATURE OF ILLNESS OF	BINUIRY Relate	A-L to servic	e line below (2)	1F)	10			NO				
796 1 PSEUDOPHAKIA		c. L	0 1110 201017 (2	ICD	Ind. 10		22. RESUBMISSION CODE		ORIGINAL	REF. NO.		
B F		c. ∟ G. ∟		_	ы. —		23. PRIOR AUTHORIZ	ATION N	UMBER			
J		K. L			L			-				
A. DATE(S) OF SERVICE From To M DD YY MM DD YY	PLACE OF	(Explain	URES, SERVIO			E. DIAGNOSIS		G. DAYS OR UNITS	H. I. EPSDT ID. Family ID. Plan QUAI	F	J. RENDERING OVIDER ID. #	
M DD YY MM DD YY	SERVICE EMG	CPT/HCPC	5	MODIFIER	1	POINTER	\$ CHARGES	UNITS	Plan QUA		OVIDER ID. #	
0 05 LL 10 05 LL	12	V2303	RT			Α		1	NPI	123456	67890	
				r 1	1		1					
0 05 LL 10 05 LL	12	V2303	LT			A		1	NPI	123450	67890	
0 05 LL 10 05 LL	12	V2715				Α		2	NPI	123450	67890	
0 05 LL 10 05 LL	12	V2760	(EY)			Α		2	NPI	12345	67890	
									NPI			
									NPI			
	EIN 26. P/	ATIENT'S AC	COUNT NO.		CCEPT AS	SIGNMENT? s, see back)	28. TOTAL CHARGE		. AMOUNT F	PAID 30.	. Rsvd for NUCC	
123456789 X SIGNATURE OF PHYSICIAN OR SUPPLIE	B 32 68	BVICE FAC	ILITY LOCATIO			(NO	\$ 33. BILLING PROVIDE	B INFO &	. ,) 122	1667	
INCLUDING DEGREES OR CREDENTIAL	s o		OMPANY				OPTICAL COI		\ ·	000) 123	-420/	
(I certify that the statements on the reverse		234 FROI	NT STREET	г			1234 FRONT		т			
(I certify that the statements on the reverse apply to this bill and are made a part thereout							SAN FRANCISCO, CA 94109					
			CISCO, CA	94109			SAN FRANCIS a. 1234567890	5CO, C/				

Figure 11 Sample B Insurance Claim Form—Noridian Admin Services

EALTH INSURAL							i	NORIDIAN AI P.O. Box 672 FARGO, ND 5	7	SERVIC	ES	
PICA												PICA
MEDICARE MEDICAID (Medicare#) (Medicaid#		_	CHAMPV (Member ID					1a. INSURED'S I.D. IEG4-TE5-MI			(For Progr	am in Item 1)
PATIENT'S NAME (Last Name				3. PATIENT'S MM D	BIRTH DAT		SEX	4. INSURED'S NAM		ie, First Nam	e, Middle Initial)
PUBLIC, JOHN E.				12 18			F	PUBLIC, JOH	NE.			
PATIENT'S ADDRESS (No., SI	reet)			6. PATIENT R				7. INSURED'S ADDI		Street)		
655 BEACH STREET			STATE	Self X S	FOR NUC	Child C USE	Other	655 BEACH S	STREET			STATE
SAN FRANCISCO			CA					SAN FRANCI	SCO			CA
CODE	TELEPHONE							ZIP CODE			NE (Include Are	
94109 OTHER INSURED'S NAME (La	(/	987-6543		10. IS PATIEN				94109 11. INSURED'S POLI		· ·	0)987-6	543
OTHER INSORED S NAME (La	st Name, Filst N	ame, middle i	muar)	10. 15 PATIEN	1 3 CONDI	ION HELA	TED TO.	NONE	CT GROOP	OHFECAN	OWBER	
OTHER INSURED'S POLICY O	R GROUP NUM	IBER		a. EMPLOYME	NT? (Currer	nt or Previo	us)	a. INSURED'S DATE			SE	x
				[YES	XN	c	12 18	1924	ł	мX	F
RESERVED FOR NUCC USE				b. AUTO ACC	_		PLACE (State)	b. OTHER CLAIM ID	(Designated	by NUCC)		
RESERVED FOR NUCC USE				c. OTHER AC	VES CIDENT?	XN		c. INSURANCE PLAN	I NAME OR	PROGRAM	NAME	
]	YES	XN	c	MEDICARE				
NSURANCE PLAN NAME OR F	ROGRAM NAM	ИE		10d. CLAIM C	ODES (Des	ignated by	NUCC)	d. IS THERE ANOTH	-	BENEFIT P	LAN?	
MEDICARE		MBEFORE		& SIGNING TH	IIE EOBM			13. INSURED'S OR			elete items 9, 9	
PATIENT'S OR AUTHORIZED to process this claim. I also req below.	PERSON'S SI	IGNATURE I	authorize the r	elease of any m	edical or oth	er informat accepts as	ion necessary signment	payment of media services describe	al benefits			
SIGNED SIGNATURE C	N FILE (S	50F)		DAT	E 10/5/	/LL		SIGNED SIG	NATURE	ON FILE	E (SOF)	
DATE OF CURRENT ILLNES	S, INJURY, or F	PREGNANCY	(LMP) 15.0	OTHER DATE	ММ	DD	YY	16. DATES PATIENT		O WORK IN (
NAME OF REFERRING PROV			QUA					FROM		1	0	
DR. SMITH	IDEN ON OTHE	EN BOUNCE	17a. 17b.		345678			18. HOSPITALIZATIO	Y			D YY
ADDITIONAL CLAIM INFORM	IATION (Design	nated by NUC		1012	545070			20. OUTSIDE LAB?		\$	CHARGES	
								YES	NO			
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Figure 13 Sample D Insurance Claim Form—Noridian Admin Services

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Figure 14 Sample Insurance Claim Form—Sterling Option 1

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							YES	X NO		SECURE HORIZONS					
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Figure 15 Sample Insurance Claim Form—Secure Horizons

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Figure 16 Sample Insurance Claim Form—Select Med

ASK THE CODING EXPERTS

The Academy's coding experts provide weekly up-to-date answers to frequently asked questions. These carefully researched responses cover federal and commercial payers and provide valuable tips on how to improve documentation, submit clean claims and appropriately maximize reimbursement. Visit Coding News and Expert Advice at aao.org/coding to view the most recent FAQs and

submit your questions. Q. Who is responsible for payment of a Fresnel prism?

A. It depends upon the payer. Payment is typically the patient's responsibility.

Q. If a beneficiary still needs post-cataract eyewear following the insertion of a Presbyopia-correction IOL, will Medicare cover the expenses?

A. Yes, Section 1861(s)(8) permits payment of one pair of eyeglasses or contact lenses following cataract surgery with an insertion of any type of intraocular lens.

Q. When are glasses a covered benefit?

A. Medicare will cover one pair of glasses after each cataract is removed.

The covered diagnoses are limited to:

- Z96.1 Pseudophakia
- H27.01-27.03 Aphakia
- Q12.3 Congenital aphakia

If the patient has a diagnosis other than these, the claim may be denied.

Replacement glasses and lenses are noncovered.

Q. How do we code for aphakic contact lens fitting?

A. CPT code 92311 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye.

CPT code 92312 Corneal lens for aphakia, both eyes.

Remember that the supply of contact lenses may be reported as part of the service—or it may be reported separately by using the appropriate supply codes such as V2520–V2523.

MEETING A SAFE HARBOR UNDER THE ANTI-KICKBACK STATUTE

Taken from "Stark Bans on Self-Referrals" Claire H. Topp, Esq., and Dorsey & Whitney LLP (2001 Dorsey and Whitney LLP)

The following arrangements meet a safe harbor under the Anti-Kickback Statute:

Employees

An ophthalmologist may compensate their employees, including ophthalmologists, optometrists, and opticians, for referrals to items sold by the optical shop. The safe harbor protects any amount paid by an employer to an employee who has a bona fide employment relationship with the employer for employment in the furnishing of any item or service for which payment may be made, in whole or in part, under a governmental health program. The regulators noted in the comments to the safe harbor that the safe harbor permits an employer to pay an employee in whatever manner they choose for having that employee assist in the solicitation of program business.

Independent Contractors/Management Agreements

An ophthalmologist may not compensate an ophthalmologist, optometrist, or an optician who is an independent contractor based on referrals to items sold by the optical shop that are reimbursable by a governmental health program. To meet the safe harbor for professional service arrangements, the agreement with the independent contractor would have to meet all of the following seven standards applicable to personal service arrangements:

- 1. The arrangement is embodied in a written agreement signed by the parties.
- 2. The term of the agreement is for not less than one year.
- 3. The agreement covers all of the services the agent provides to the principal for the term of the agreement and specifies the services to be provided by the agent.
- 4. If the agreement is intended to provide for the services of the agent on a periodic, sporadic, or part-time basis, rather than on a full-time basis for the term of the agreement, the agreement specifies exactly the schedule of the intervals, their precise length, and the exact charge for the intervals.
- 5. The aggregate services contracted for do not exceed those which are reasonably necessary to accomplish the commercially reasonable business purposes of the services.
- 6. The aggregate compensation paid to the agent over the term of the agreement is set in advance, is consistent with fair market value in armslength transactions, and is not determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between the parties for which payment may be made in whole or in part under the Medicare/ Medicaid program.

7. The services performed under the agreement do not involve the counseling or promotion of a business arrangement or other activity that violates any federal or state law.

Similarly, if an ophthalmologist entered into a management agreement for the management of the optical shop, the management agreement would have to meet the seven requirements described above. Most notably, the regulators have indicated that a percentage of net revenues compensation provision does not qualify for this safe harbor because the compensation would not be an aggregate amount, fixed in advance, as the safe harbor requires.

Optical Shop Owned by a Solo Practitioner

An ophthalmologist may receive a dividend payment of profit from his or her ownership of a solo practice that operates an optical shop, if the following two standards are met:

- 1. The equity interests in the practice are held by licensed health care professionals who practice in the practice or group.
- 2. The equity interests are in the practice or group itself, and not some subdivision of the practice or group.

Optical Shop Operated as Part of Group Practice

An ophthalmologist may receive a dividend payment from his or her ownership of a group practice that operates an optical shop, if, in addition to the two requirements discussed above for solo practitioners, the practice:

- 1. Meets the definition of "group practice" in Stark II; and
- 2. Is a unified business with centralized decisionmaking, pooling of expenses and revenues, and a compensation/profit distribution system that is not based on satellite offices operating substantially as if they were separate enterprises or profit centers.

Thus, although Phase I of the Stark II regulations excludes conventional eyeglasses and contact lenses provided to Medicare patients furnished after cataract surgery from the prohibitions of Stark II, an ophthalmologist owner of a group practice from which he or she will receive a dividend payment does not qualify for the exception unless his optical shop is owned by an entity that qualifies as a "group practice" under Stark II.

Specifically, Phase I of the Stark II regulations defines a "group practice" based on nine characteristics that are briefly described below:

1. Single legal entity. The group practice must be a single legal entity formed primarily for the purpose of being a physician group practice in any

organizational form recognized by the state in which the group practice achieves its legal status. The single legal entity may not be organized or owned (in whole or in part) by another medical practice that is an operating physician practice regardless of whether the medical practice meets the conditions for a group practice.

- 2. Physicians. The group practice must have at least two ophthalmologists who are members of the group (whether employees or direct or indirect owners).
- 3. Range of care. Each ophthalmologist who is a member of the group (which includes independent contractors) must furnish substantially the full range of patient care services that the ophthalmologist routinely furnishes, including medical care, consultation, diagnosis, and treatment, through the joint use of shared office space, facilities, equipment, and personnel.
- 4. Services furnished by group practice members. Substantially all of the patient care services of the ophthalmologists who are members of the group (that is, at least 75 percent of the total patient care services of the group practice members) must be furnished through the group and billed under a billing number assigned to the group, and the amounts received must be treated as receipts of the group.
- 5. Distribution of expenses and income. The overhead expenses of, and income from, the practice must be distributed according to methods that are determined before the receipt of payment for the services giving rise to the overhead expenses or producing the income.
- 6. Unified business. The group practice must be a unified business having at least the following features: (a) centralized decision-making by a body representative of the group practice that maintains effective control over the group's assets and liabilities (including, but not limited to, budgets, compensation, and salaries); (b) consolidated billing, accounting, and financial reporting; and (c) centralized utilization review. Although Phase I of the regulations expressly indicates that location and specialty-based compensation practices are permitted with respect to revenues derived from services that are not designated health services and may be permitted with respect to revenues that are designated health services in limited circumstances, the Anti-Kickback Statute safe harbor requires that there is a compensation/profit distribution system that is not based on satellite offices operating substantially as if they were separate enterprises or profit centers.

- 7. Volume or value of referrals. No ophthalmologist who is a member of the group practice directly or indirectly receives compensation based on the volume or value of referrals by the ophthalmologist, except as provided under the special rule for productivity bonuses and profit shares (discussed in 9. below).
- Physician-patient encounters. Members of the group must personally conduct no less than 75 percent of the ophthalmologist-patient encounters of the group practice.
- 9. Special rule for productivity bonuses and profit shares. An ophthalmologist in a group practice may be paid a share of "overall profits" of the group or a productivity bonus based on services that he or she has personally performed, provided that the share or bonus is not determined in any manner that is directly related to the volume or value of referrals of designated health services by the ophthalmologist. A share of the "overall profits" means the group's entire profits derived from designated health services payable by Medicare or Medicaid or the profits derived from designated health services payable by Medicare or Medicaid of any component of the group practice that consists of at least five ophthalmologists. Compensation is not directly related to the volume or value of referrals of designated health services by the ophthalmologist if the revenues derived from designated health services constitute less than 5 percent of the group practice's total revenues, and the allocated portion of those revenues to each ophthalmologist in the group practice constitutes 5 percent or less of his or her total compensation from the group.

Ophthalmologist/Group Practice Ownership of Separately Incorporated Optical Shops

The safe harbor discussed above, which protects an ophthalmologist's ownership of a group practice, including an optical shop operated as part of the group practice, expressly does not protect investments made by members of a group practice jointly in separately incorporated optical shops or other separate entities. Furthermore, an ophthalmologist's or group practice's ownership of a separately incorporated optical shop does not meet any safe harbor. Although a failure to meet a safe harbor does not necessarily mean that the arrangement violates the Anti-Kickback Statute, such failure does raise uncertainty as to whether the arrangement does not violate the Anti-Kickback Statute and thus whether the arrangement is excluded from Stark II.

It is worth noting that where an ophthalmologist does not expressly refer the patient to the optical shop from which the patient ultimately receives Medicare- or Medicaid-covered eyeglasses or contact lenses but signs the prescription for the eyeglasses or contact lenses, the Phase I regulations indicate that the regulators will presume that the patient received their eyeglasses or contact lenses as a result of the ophthalmologist's referral to that optical shop. Although the regulators will permit an ophthalmologist to rebut that presumption by establishing that they mentioned no specific optical shop or that the patient was directly referred by some other independent individual or through an unrelated entity, it may be difficult to rebut the presumption if the optical shop where the patient had their prescription filled is located near the ophthalmologist's office. In addition, state law may require that the ophthalmologist disclose their ownership in the optical shop.

In summary, the new exception created by Phase I of the Stark II final regulations to exclude one pair of conventional eyeglasses and contact lenses furnished after cataract surgery gives ophthalmologists more flexibility regarding the operation of their optical shop; however, group practices owned by for-profit corporations will still need to comply with the definition of "group practice" found in the Stark II regulations described above if they want certainty that they fall within the Stark II exception.

In addition to "prosthetics, orthotics, and prosthetic devices," Stark II applies to ten other designated health services including inpatient or outpatient hospital services, clinical laboratory services, and radiology and certain other imaging services. Phase I of the Stark II final regulations clarifies that the term "designated health services" does not include services that are reimbursed by Medicare as part of a composite rate, for example, ambulatory surgical center services. Further, although Stark II applies to IOLs implanted in a hospital, Phase I clarified that Stark II does not apply to intraocular lenses implanted in an ambulatory surgical center on the grounds that the payment for IOLs is fixed when implanted in an ambulatory surgical center because it is covered under the fixed ambulatory surgical center payment rate. The exception is for IOLs furnished by the referring ophthalmologist or a member of the referring ophthalmologist's group practice in a Medicare-certified ASC with which the referring ophthalmologist has a financial relationship provided that (1) the IOL is implanted in the patient during a surgical procedure performed in the same ASC where the IOL is furnished; (2) the arrangement for the furnishing of the IOL does not violate the Anti-Kickback Statute; and (3) billing and claims submission for the IOLs complies with all federal and state laws and regulations.

VALIDITY OF ORDERS

Optical suppliers must maintain documentation that proves authenticity and validity of orders, as well as claims for seven years. Medicare may review orders for validity during an onsite inspection and will accept the following forms of proof:

- An original documents (handwritten in ink)
- A photo copy
- A faxed image
- Electronically maintained document

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		Lens - OD		
		Lens - OS		
		2760 SRC		
		Tint		
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Figure 17 Validity of Orders

